

# PROGRESS SHEET – APPLICATION FOR CHANGE/TRANSFER

NAME: **Scott Byerley**  
**501 W. Langdon Road**  
**Walla Walla, WA 99362**

PHONE: 509-520-2895  
 EMAIL:

☐ ASSIGNED (SEE BACK OF PAGE)

APP. NO.	PERMIT NO.	CERT. NO.	CERT. OF CHANGE NO(S)
		<b>630(A)</b>	

**WALLA WALLA COUNTY**  
**WALL-13-03**

WRIA

**32**

WRTS No. **CS3-\*28630J(A)@1**  
 ID No. **5685551**

Superseding Doc. ID No. **6086952**

**PURPOSE OF APPLICATION: Change the place of use**

**Date Application received: April 15, 2013**

Statement of additional fee sent: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date fee received: \_\_\_\_\_

Returned for completion or correction: \_\_\_\_\_ Received: \_\_\_\_\_

☐ Application mapped by: \_\_\_\_\_ date: \_\_\_\_\_

## **PUBLICATION:**

Newspaper: **WWCWCB**

OK'd by: \_\_\_\_\_

Date Notice Sent \_\_\_\_\_

Date Affidavit received: **10-25-2013**

Time expires: **7-20-2013**

Checked by: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Protests: \_\_\_\_\_

☐ Fee rcvd \_\_\_\_\_

**SEPA REQUIRED NO - EXEMPT**

FIELD Examination by: \_\_\_\_\_ date: \_\_\_\_\_

☐ ROE map checked by: \_\_\_\_\_ date: \_\_\_\_\_

DATE CHANGE ROE ISSUED: \_\_\_\_\_ ☐ Approved ☐ Denied

## **DEVELOPMENT SCHEDULE:**

BC due: \_\_\_\_\_ BC rcvd: \_\_\_\_\_ ext: \_\_\_\_\_

CC due: \_\_\_\_\_ CC rcvd: \_\_\_\_\_ ext: \_\_\_\_\_

PA due: \_\_\_\_\_ PA rcvd: \_\_\_\_\_ ext: \_\_\_\_\_

**PA FIELD EXAMINATION REQUIRED – DATE: \_\_\_\_\_ BY: \_\_\_\_\_**

## **Change/Transfer to be processed by WWCWCB County Water Conservancy Board**

ROD received:	45 day review period ends:	Review Period Extended to:	Ecy Decision Mailed:
<b>10-25-2013</b>	<b>12-9</b>		<b>12-5-2013</b>

**DATE SUPERSEDING DOCUMENT ISSUED: 1/30/2014**

Interested Parties List on reverse side

**ASSIGNMENT INFO:**

**SUBJECT TO REAL ESTATE EXCISE TAX**

**Assignment received:** \_\_\_\_\_

**Assignment approved:** \_\_\_\_\_

Assignee: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
☐ Mailed assignee copy of current App/ROE date: \_\_\_\_\_

Submitted to Department of Revenue

Date: \_\_\_\_\_

Initial: \_\_\_\_\_

**Assignment received:** \_\_\_\_\_

**Assignment approved:** \_\_\_\_\_

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Address: \_\_\_\_\_  
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Date: \_\_\_\_\_

Initial: \_\_\_\_\_

INTERESTED PARTIES	CONTACT METHOD	By	DATE